

Laser Operation and Use (Rev. 0)

	YES	N/A	LOI OBSERVED
1.	<input type="checkbox"/>	<input type="checkbox"/>	Has a laser device been selected with the lowest laser energy output that meets your application or set-up requirements.
2.	<input type="checkbox"/>	<input type="checkbox"/>	Have all users been properly trained on the laser in which they are operating.
3.	<input type="checkbox"/>	<input type="checkbox"/>	During operation of laser, has user donned all appropriate PPE.
4.	<input type="checkbox"/>	<input type="checkbox"/>	Is the manufacturer's certification label affixed to the laser housing and legible.
5.	<input type="checkbox"/>	<input type="checkbox"/>	Does the laser housing have a sticker which includes the class designation and appropriate warnings.
6.	<input type="checkbox"/>	<input type="checkbox"/>	Are proper postings or signs placed at the room entrance or area barricade for class laser being operated.
7.	<input type="checkbox"/>	<input type="checkbox"/>	Are written operating, maintenance, and alignment procedures kept with laser equipment.
8.	<input type="checkbox"/>	<input type="checkbox"/>	Has class 3b and higher laser equipment been posted/labeled to require mandatory use of eyewear to operate the device.
9.	<input type="checkbox"/>	<input type="checkbox"/>	Are windows and ports, which could allow a laser beam to stray into uncontrolled areas covered or protected during laser operation.
10.	<input type="checkbox"/>	<input type="checkbox"/>	Are rings, watches, or bracelets that could reflect unwanted laser beam removed or covered up.
11.	<input type="checkbox"/>	<input type="checkbox"/>	Laser beam's path has been enclosed as much as possible to avoid direct exposure or reflection.
12.	<input type="checkbox"/>	<input type="checkbox"/>	Are laser controls located so user is not exposed inadvertently.
13.	<input type="checkbox"/>	<input type="checkbox"/>	Has a key switch or interlock feature been installed on all class 3b and higher lasers.

Comments:

Contractor: _____

P.O. Number: _____

Area/Location: _____

Project No: _____

Print Name

Signature

Date